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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/620,318

Filing Date

July 14, 2003

First Named Inventor

Paul V. Cooper

Art Unit

1793

Examiner Name

Scott R. Kastler

Attorney Docket Number

023438.00041

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☒

Amendment/Reply

☒

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☐Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify
below):

Request for Continued Examination

Remarks

Enclosed please find a response to the Office Action mailed October 8, 2009.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Squire, Sanders & Dempsey L.L.P., 40 North Central Avenue, Suite 2700, Phoenix, Arizona 85004-4498

Signature

/Alex Starkovich/

Printed name

Alex Starkovich

Date

January 8, 2010

Reg. No.

56,925

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

/Marissa J. Smith/ (filed electronically)

Typed or printed name

Marissa J. Smith

Date

January 8, 2010

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